

State of New Hampshire

2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/24/2009

Business ID: 486262

William M. Gardner

Secretary of State

FORD MOTOR SERVICE COMPANY

ONE AMERICAN RD.

DEARBORN, MI 48126

ADDRESS OF PRINCIPAL OFFICE:

WHQ ROOM 615-A5,, ONE AMERICAN ROAD.

DEARBORN, MI 48126

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

REGISTERED OFFICE , 9 CAPITOL STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 486262

STATE OF DOMICILE: MICHIGAN

Extended Service Plan Contracts

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address Tax Department, WHQ Room 612, One American Road, Dearborn, MI 48126

☒ The new principal office address One American Road, Dearborn, MI 48126

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Larry King
STREET 16800 Executive PL Drive
CITY/STATE/ZIP Dearborn MI 48126

V-PRES. Mark Wrase
STREET 16800 Executive PL Drive
CITY/STATE/ZIP Dearborn MI 48126

SEC'Y. Peter Sherry, Jr.
STREET One American Road
CITY/STATE/ZIP Dearborn MI 48126

TREAS. Neil Schloss
STREET One American Road
CITY/STATE/ZIP Dearborn MI 48126

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Donna Inch
STREET 16800 Executive PL Drive
CITY/STATE/ZIP Dearborn MI 48126

DIR. James Moritz
STREET One American Road
CITY/STATE/ZIP Dearborn MI 48126

DIR. Larry King
STREET 16800 Executive PL Drive
CITY/STATE/ZIP Dearborn MI 48126

DIR. Mark Wrase
STREET 16800 Executive PL Drive
CITY/STATE/ZIP Dearborn MI 48126

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

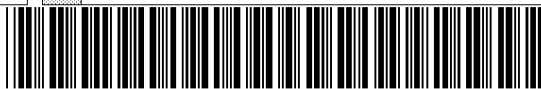
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Christopher Hall

Please print name and title of signer: Christopher Hall / OTHER
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



048626220091000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

2009 ANNUAL REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

OTHER

CHRISTOPHER HALL
ONE AMERICAN ROAD
DEARBORN, MI 48126